

USPC Health and Maintenance Record Book

Horse: _____
* Include stable name and registered or show name if applicable.



The United States Pony Clubs, Inc.

Member Name: _____

Pony Club or Riding Center: _____

Region: _____

Start Date: _____

End Date: _____

Contact Information (D-2 and up)



Tab -
Add as needed

Rider: _____ e-mail: _____

Address: _____ Phone: _____

_____ Phone: _____

General
Information

Owner: _____ e-mail: _____

Address: _____ Phone: _____

_____ Phone: _____

Horse's Location

Facility: _____ Contact Name: _____

Address: _____ Phone: _____

_____ Phone: _____

Other Contacts

Veterinarian: _____ Phone: _____

Farrier: _____ Phone: _____

Dentist: _____ Phone: _____

Other: _____ Phone: _____

Equine Insurance

Carrier: _____ Policy #: _____

Contact: _____ Phone: _____

Emergency Contacts

Name: _____ Phone: _____

Name _____ Phone: _____

Horse Information (D-2 and up)

Horse: _____ Date Foaled: _____

Breed: _____ Gender: _____ Age: _____

Height: _____ Weight: _____ Color: _____

Markings (and any unique identifying features): _____

Tattoo/Brand/Microchip: _____

Vices: _____

Resting Vital Signs

Temperature: _____ ° Pulse (Beats per Minute) _____ Respiration (Breaths per Minute): _____

Medical Conditions (any items that require ongoing supplemental care or management, e.g., arthritis, conditions requiring chiropractic, massage, etc.):

Routine Vaccination schedule (D-3 and up) (summary of what they receive and time of year including coggins)

Breed Registry: _____ Registration #: _____

Sire: _____ Dam: _____

Equine Organization Memberships

Organization: _____ Horse's ID #: _____

Organization: _____ Horse's ID #: _____

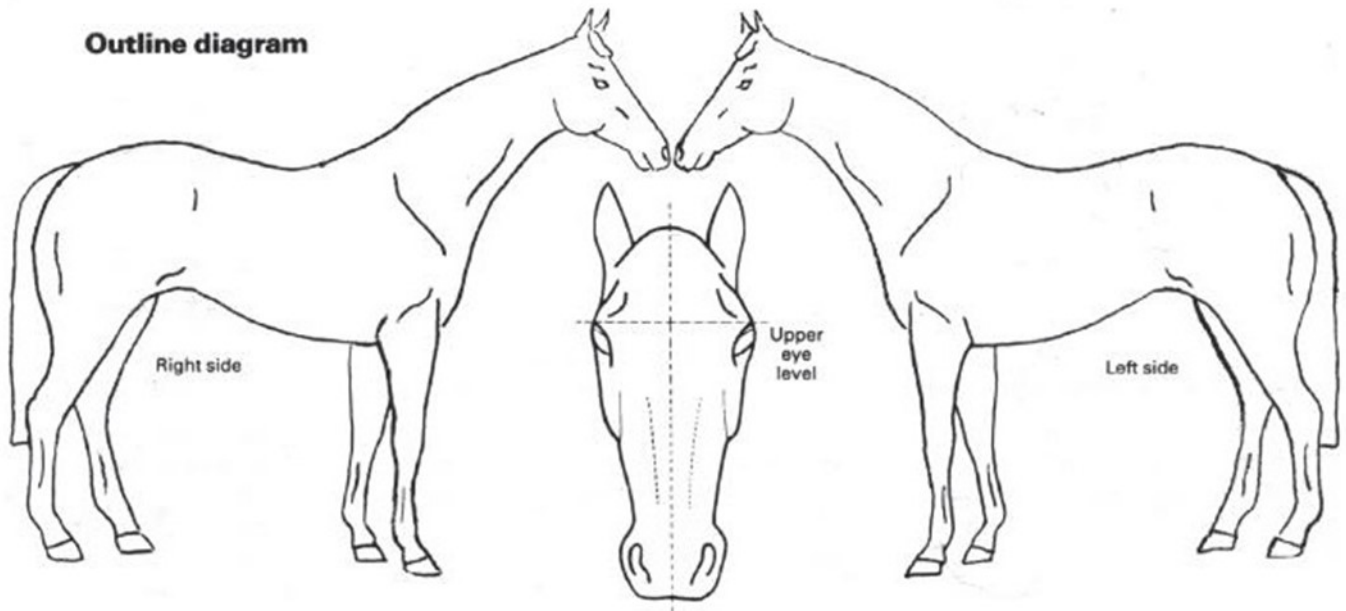
Organization: _____ Horse's ID #: _____

Additional Comments or Information:

Horse Information (D-2 and up)



Outline diagram



Draw in markings and brands on the diagram above or provide photographs

Place a photographs of your horse in the space above for identification purposes. (Photos should be standing and in profile, showing all identifying markings, i.e., 2-4 photos. Best without tack.)

Additional Information (C-2 and up)



Brief description of mount's history (if known), daily routine, and any special care.

Additional Information (C-2 and up)



Tack used on mount, blanketing requirements.

Place a photographs and/or descriptions of the tack used on your horse in the space above. Include reasons for use if necessary and any specific instructions as to fit.

Additional Information (H-B)



Diagram of stable and turnout areas.

Include location of horse's stall and turnout, tack and equipment, first aid kits & emergency equipment, and important papers critical to horse's care.

Feed Information (D-2 and up)



Feeding

Feed Store: _____ Phone: _____

Address: _____

Hay Source: _____ Phone: _____

Address: _____

Current Feed

Feed	Morning	Noon	Evening
Time Fed			
Roughage <small>(type, amount/wt)</small>			
Concentrates <small>(type, amount/wt)</small>			
Supplements <small>(type & amount)</small> HB include purpose for supplement			
Time spent on grass pasture			
Instructions			

Changes in Feed

Date <small>mo/day/yr</small>	Change From	Change to

Veterinary and Health Information (D-3 and up)



Veterinarian: _____ Phone: _____

Address: _____

Veterinary and Health

Routine Veterinary Care (D-3 and up)

Include annual wellness checkup, vaccines, Coggins test

Date mo/day/yr	Procedure (vaccines & Coggins test)	(H-B and up) Manufacturer and Lot #	Due Again	Cost

****Totals can be penciled in for Certifications**

Total \$

Additional Veterinary Procedures (C-1 and up)

Includes: Lameness, illness, x-rays, medications, etc. Does not include vaccination, deworming or floating

Date mo/day/yr	Procedure	Diagnosis & Treatment	Cost

****Totals can be penciled in for Certifications**

Total \$

Veterinary and Health Information (D-3 and up)



Dentistry

Dental Care (D-3 and up)

Date mo/day/yr	Dental Procedure (C-1 up add specific findings and treatment)	Due Again	Cost

***Totals can be penciled in for Certifications*

Total \$

De-worming

Parasite Prevention (D-3 and up)

Date mo/day/yr	De-Worming & Fecal Egg Counts/Results C-2 up include compound and brand name (e.g., "Strongid" is pyrantel pamoate)	Due Again	Cost

***Totals can be penciled in for Certifications*

Total \$

Conditioning (C-1 and up)



Conditioning

Current Weekly Riding/Conditioning Schedule for an average week:

Activity	Specifications	Minutes	Times/week
** Check TPR and Recovery weekly on _____ after brisk exercise set.			

For D-2 and above

Temp:@rest:	Pulse:@rest	Resp:@rest

For C-1 and above

Recovery at 10 mins:	Pulse:	Resp:
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Changes to Weekly Riding/Conditioning Schedule

	Date mo/day/yr	Activity	Feed Changes	TPR Changes
Change From:				
Change To:				
Change From:				
Change To:				
Change From:				
Change To:				
Change From:				
Change To:				

Sample (from C-2 Record Book)

**These pages should be deleted from your own Record Book

Current Conditioning Schedule for an average week:

March-November in Massachusetts

Activity	Specifications	Minutes	Times/week
Dressage/Flat	10 mins. suppling at walk to 30 mins. trot/canter with lots of transitions & some lateral work, 10-20 mins cool-down	40-50	2
Hacks/Trails	Lots of walk & hill work combined with 1-2 ten min trot sets & 1-2 min. 300-325 mpm canter sets, 10-20 mins cool-down	60-120	2
Jumping	Rotation between gymnastics, course work, and cross-country to 3'. (Will needs 15-20 mins warm-up because of his arthritis) 10-20 mins cool-down	45-60	2
DAY OFF	This can be a day completely off or a relaxed walk on the trails	45	1
Long-lining	Interspersed with weekly routine when a light work day is needed.	20-30 mins	
Longeing	I get longed on Will about 3-5x/mo	20-30 mins	
*** Dec-Feb Long easy hacks in the country (walk/little bit of trotting if footing permits) 1hr, 3x/wk			
** Check TPR and Recovery weekly on <u>Sundays</u> after brisk exercise set			

For D-2 and above

Temp:@rest:	Pulse:@rest	Resp:@rest
99.4	34	11

For C-1 and above

Recovery at 10 mins:	Pulse: 38	Resp: 12
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Sample (from C-2 Record Book)

**These pages should be deleted from your own Record Book

Conditioning Changes:

	Date	Activity	Feed Changes	TPR Changes
Change From:	2/28/04	4 trails/wk Mostly walk		R=12 P=35 Recovery: R=5min P=10min
Change To:		3 trails/wk and 2 flat/wk	None	None noted
Change From:	3/20/04	No jumping		
Change To:		Small gymnastics 1x/wk	Addition of canola oil but decrease in roughage as grass comes up	R=12 P=35 Recovery: R=7min P=18min
Change From:	4/25/04	Small gymnastics 1x/wk		
Change To:		2'6" gymnastic & coursework 2x/wk	From 8 lbs of concentrate to 6 lbs -- grass is up	R=12 P=35 Recovery: R=5min P=17min
Change From:	5/15/04	2'6" gymnastic & coursework 2x/wk		
Change To:		Gymnastics/coursework to occasional 3'3"	None	R=11 P=34 Recovery: R=5min P=15min

Financial Summary (C-1 and up)

Expense Summary

**Totals can be penciled in for Certifications

Year to Date Totals	Cost
Vaccines	
Dental	
Parasite Prevention	
Additional Veterinary Care	
Farrier	
Activities	
Feed & Board	
Other Expenses	
Total Expenses \$	
Income	Total Income \$
Net (expenses minus income)	Net \$



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